

Status: Finalized

## I. Center Identification

Organization Name: MICHIANA SURGERY CENTER LLC

Street Address: 3212 Hickory Rd. Suite A

City: Mishawaka County: St. Joseph

Administrator Name: Dani Kertai

Administrator Email: danipainmgmnt@gmail.com

ASC Web Address: michianasurgery.com

Fiscal Year: 2017

Accredited: • Yes • No

Name of Accrediting Body: Joint Commision

Deemed Status: • Yes No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

| Number of operating rooms | 2 |  |
|---------------------------|---|--|
| Number of procedure rooms | 0 |  |

## III. Utilization Statistics

| A. Total Patients and Procedures                   |                    |                      |  |  |  |
|--|--------------------|----------------------|--|--|--|
| Time Period  | Number of Patients | Number of Procedures |  |  |  |
| Persons Served in twelve-month period              | 1580               | 1580                 |  |  |  |
| B. Ten Most Frequent Surgical Procedures Performed |                    |                      |  |  |  |
| CPT Code   |                    | Total Procedures     |  |  |  |
| 0.4.400  |                    | 0.57                 |  |  |  |

| CPT Code | Total Procedures |
|----------|------------------|
| 64483    | 657              |
| 64493    | 229              |
| 64490    | 182              |
| 63650    | 94               |
| 20611    | 92               |
| 20610    | 56               |
| 27096    | 46               |
|          |                  |

| 64635 | 45 |
|-------|----|
| 64633 | 38 |
| 64450 | 27 |

## IV. Outcomes from Surgical Procedures

| Number of patients with a Post-Surgical wound infection within 30 days following | 0 |
|--|---|
| a surgical encounter.  |   |